

Georgia Form 500**EZ** (Rev. 6/04)

	Individual Income Tax Return gia Department of Revenue									
	04 (Approved web version)									
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	First Name Initial	You	ur Soc	ial Secu	ıritv Nu	mber				
Your	Last Name	Suffix								
Spor	se's First Name Initial	 Spo	ouse's	Social S	Securi	y Numbe	er			
				_[DEPARTM	MENT USE (ONLY
Spor	se's Last Name	Suffix								
Add	ess (Check if Address has Changed) 2nd address line for Apt, Suite, Unit or Bldg number)									
(056	zitu address iiile ioi Apt, Suite, Ollit of Blug Hulliber)									
							Į			
City		State		Zip Cod	le					
Cou	ntry (If Foreign)									
	write the Federal Adjusted Gross Income, NOT Federal T Write the Federal Adjusted Gross Income from Federal Form 1040E2 (Cannot exceed \$99,999 for Line 1)	•			<u>ow</u> ▶	1.				
2.	If your filing status is single, enter \$5,000.00. If your filing status is married filing joint, enter \$8,400.00				•	2.				
3.	Subtract Line 2 from Line 1. If Line 2 is larger than Line 1 enter 0					3.				
4.	Find the tax on the amount on Line 3. (Use the tax table on Pages 17	-19 of the tax bookl	let)		•	4.				
5.	Georgia income tax withheld (Enclose withholding statement(s))					5.				
6.	Low income tax credit. (Not allowed if you are claimed as a dependent on another return) 6a.	▶ 6b. ▶	•]	•	6c.				
7.	Total prepayment credits, add Line 5 and Line 6				•	7.				
8.	If Line 4 is larger than Line 7, subtract Line 7 from Line 4. THIS IS THI	E AMOUNT OF TAX	YOU O	WE		8.				
9.	If Line 7 is larger than Line 4, subtract Line 4 from Line 7. THIS IS THI	E AMOUNT OF YOUR	R OVE	RPAYMEN	IT 🕨	9.				
10.	Georgia Wildlife Conservation Fund (No gift less than \$1.00)					10.				
11.	Georgia Children and Elderly Fund (No gift less than \$1.00)				•	11.			$\overline{}$	
12.	Georgia Cancer Research Fund (No gift less than \$1.00)					12.			=	
13.	Georgia Greenspace Trust Fund (No gift less than \$1.00)					13.			=	
									=	-
	Add Line 10, Line 11, Line 12 and Line 13 enter total here					14				•
15.	(If you owe) Add Line 8 and Line 14. Make check for this amount payable to the GEORGIA DEPARTM	MENT OF REVENU	JE			15.				

16. (If you are due a refund) Subtract Line 14 from Line 9. THIS IS YOUR REFUND

STATE USE ONLY





2004

Your Social Security Number

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Georgia Public Revenue Code Section 48-2-31 requires that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

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	Taxpayer's Signature (Check box if deceased)	Date	Daytime Phone Number		Check the box to authorize the Georgia Department of Revenue to discuss the	
X	Spouse's Signature(Check box if deceased)	Date			contents of this tax return with the preparer named below.	
X						
	Name of Preparer if other than taxpayer	Preparer's FEIN	Preparer's SSN	Phone Number		

MAIL RETURN TO:

Refunds

Georgia Department of Revenue Processing Center P.O. Box 740380 Atlanta, Georgia 30374-0380

Payments and Tax Returns

Georgia Department of Revenue Processing Center P.O. Box 740399 Atlanta, Georgia 30374-0399

YOU MAY USE FORM 500EZ IF:

- You are not 65 or over, or blind.
- Your filing status is single or married filing joint and you do not claim any exemptions other than yourself or yourself and your spouse.
- Your income does not exceed \$99,999.
- You are a full-year Georgia resident.
- You do not itemize deductions.
- You had wages, salaries, tips, dividends, and interest income only. If you paid or are claiming a credit of estimated tax, you must file Form 500.
- You do not have any adjustments to Federal Adjusted Gross Income.

COMPLETING YOUR RETURN

- Use label only if correct. If not, print or type name(s), address and social security number(s).
- Keep numbers inside boxes.
- Do not use dollar signs, commas or decimals. These have been preprinted for your convenience.
- Round off figures for easier computations.
- Do not attach a copy of your federal return.
- Taxpayers who file electronically will not receive a booklet next year. If you do not want a booklet next year, on Page 1, please fill in circle in the upper portion of page. NOTE: Computer software will select this circle by default. If you are using a software program, you must deselect the circle if you want to receive a booklet next year.
- Sign and date your return. See Page 3 for signature requirements concerning deceased taxpayers.

INSTRUCTIONS:

- LINE 1. Enter the adjusted gross income shown on Federal Form 1040EZ, Form 1040 or Form 1040A.
- LINE 2. If your filing status is single, enter \$5,000.00. If your filing status is married filing joint, enter \$8,400.00.
- LINE 3. Subtract Line 2 from Line 1. If Line 2 is larger than Line 1, enter 0.
- LINE 4. Find the tax on the amount on Line 3. Effective tax year 2001, Form 500EZ does not have a separate tax table.
- LINE 5. Enter the amount of Georgia income tax withheld. Generally, the amount of tax withheld is found in a box on your W-2 Form described as State Income Tax-GA. Enclose your W-2 Form(s) with your return.
- LINE 6. If you are not claimed as a dependent on another return and you meet the other qualifications, enter your low income credit as computed on Page 11 of the tax booklet.
- LINE 7. Add Line 5 and Line 6.
- LINE 8. If Line 4 is larger than Line 7, subtract Line 7 from Line 4. THIS IS THE AMOUNT YOU OWE.
- LINE 9. If Line 7 is larger than Line 4, subtract Line 4 from Line 7. THIS IS THE AMOUNT OF YOUR OVERPAYMENT.
- LINE 10-13 Enter the amount(s) you wish to contribute.
- LINE 14. Enter total of Lines 10, 11, 12 and 13.
- LINE 15. Add Line 8 and Line 14. Make your check for this amount payable to the GEORGIA DEPARTMENT OF REVENUE.
- LINE 16. Subtract Line 14 from Line 9. This is your NET REFUND.